SUBMIT IN DUFLICATE: UNITED STATES Forn, approved Budget Bureau No. 42-REE DEPARTMENT OF THE INTERIOR LEASE DESIGNATION AND SERIAL GEOLOGICAL SURVEY SF078056 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1s TYPE OF WELL WELL X GAS WELL 7. UNIT AGREEMENT NAME DEY Other t TYPE OF COMPLETION: Central Bisti Lower Gallup WORK OVEL DEEP-S. FARM OR LEASE NAME Unit 2. NAME OF OPERATOR Hixon Development Company 9. WELL NO. 3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87401 OCATION OF WELL (Report location clearly and in accordance with any State requirements). 10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup At surface 660' FNL, 1980' FEL, Section 7, T25N, R12W 11. SEC., T., R., M., OR BLOCK AND SURVEY At top prod. interval reported below Psection 7, T25N, R12W At total depth 14. PERMIT NO. DATE ISSUED 12. COUNTY OR PARISH 13. STATE San Juan NM 15. DATE SPUDDED 17. DATE COMPL. (Ready to prod.) 16. DATE T.D. REACHED 19. ELEV. CASINGHEAD 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4/29/82 5/5/82 5/19/82 6264 KB 6251' GLE 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS ROTARY TOOLS CABLE TOOLS DRILLED BY 5100' 5044 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) 25. WAS DIRECTIONAL SURVEY MADE 4832'-4846' Bisti Lower Gallup yes 26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED <u> Induction</u> Electric & Compensated Density Neutron Gamma Ray CASING RECORD (Report all strings set in well) WEIGHT, LB./FT. CASING SIZE DEPTH SET (MD) HOLE SIZE CEMENTING RECORD AMOUNT PULLED 8-5/8" 24# 219' 12-1/4" | 120 sx Class B w/ 2% CaCl & 4/sx Flocele 4-1/2" 7-7/8" 300 sx 50:50 w/ 6% gel, 2% CaCl & ¼#/sx cello 10.5#5088**'** 200 sx Class B w/2% CaCl & 4#/sx cello LINER RECORD 30. TUBING RECORD SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) 2-3/8" 4846 31. FERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 4832-46 50,000# 20-40 sand & 54,967 4832'-4846' 2 JSPF 29 holes gallons 2% KCl slick water PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) WELL STATUS (Producing or shut-in)

Pumping choke size Producing
BBL. | GAS-OIL RATIO DATE OF TEST HOURS TESTED PROD'N. FOR OIL-BBL GAS-MCF WATER-BBL. TEST PERIOD 6/25/82 CASING PRESSURE CALCULATED OIL--RRI WATER-BRL. OIL GRAVITY-API (CORR.) 24-HOUR RATE 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Sold 35. LIST OF ATTACHMENTS OMB certify that the foregoing and attached information is complete and correct as the THEORD FOR NECORD Petroleum Enginee

*(See Instructions and Spaces for Additional Data on Reverse Side)

/ TITLE

SIGNE

FARMINETON STANCT

DATE

6/28/82

NSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments

should be listed on this form, see item 35.

Hem 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Hems 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the production interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified. Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments

for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Hem 29: "Sacks Coment": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF PORO SHOW ALL IMPORT DEPTH INTERVAL T	US ZONES:	CSED, TIME TOOL OFE	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES	38.	GEOLOG	GEOLOGIC MARKERS	
	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.			TOP	J.b.
Pictured Cliffs	1191'				NACE OF	MEAS. DEPTH	TRUE VERT, PEPTH
Lewis	1330'						
Cliffhouse	1509'						
Menefee	2592'						
Point Lookout	36431						
Mancos	3821'						
Upper Gallup	4735'						
Lower Gallup	4819'			<u>,, </u>			